

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 1003

-62-044769

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

11660

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

915 N. Grand, St. Louis, Mo.

Length of stay in 1b

27 days

c. FULL NAME OF (If NOT in hospital, give location)

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

Lemay

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

846 Catskill Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

CHARLES

Middle

L.

Last

REILLY

4. DATE OF DEATH

Month

Day

Year

December

4

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/6/86

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician Stage Work

10b. KIND OF BUSINESS OR INDUSTRY

Granada Theatre

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Reilly

13b. MOTHER'S MAIDEN NAME

Mary Mc Laren

14. NAME OF HUSBAND OR WIFE

Adeline Reilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Adeline Reilly (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL AND CORNARY ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

334XH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

EPIDERMOID CARCINOMA LEFT CHEEK

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/7/62

to 12/4/62

and last saw him alive on 12/4/62

Death occurred at 4:20 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

12/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-6-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Bks. Mo.

(State)

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

ADDRESS

7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

DEC 5- 1962

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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240003

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Denney
Licensed Embalmer No. 4194
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.